



Washington State  
CERTIFICATE OF MARRIAGE

COUNTY OF LICENSE <b>Skamania County</b>	
DATE VALID <b>10   1   2016</b>	NOT VALID AFTER <b>11   30   2016</b>

Marriage Ceremony must be performed in the State of Washington

Please type or print clearly in permanent black ink.

State File Number

<b>COUNTY AUDITOR OFFICE</b>			
COUNTY AUDITOR'S SIGNATURE <b>X</b>		Date Received (MM/DD/YYYY) <b>10   28   2016</b>	
<b>PERSON A</b> CHECK ONE <input type="checkbox"/> BRIDE <input checked="" type="checkbox"/> GROOM <input type="checkbox"/> SPOUSE		<b>PERSON B</b> CHECK ONE <input checked="" type="checkbox"/> BRIDE <input type="checkbox"/> GROOM <input type="checkbox"/> SPOUSE	
LEGAL NAME BEFORE MARRIAGE (FIRST/MIDDLE/LAST) <b>DEAN ALAN GLUESENKAMP</b>		LEGAL NAME BEFORE MARRIAGE (FIRST/MIDDLE/LAST) <b>KRISTINA MARIE PEREZ</b>	
BIRTH NAME (IF DIFFERENT) <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		BIRTH NAME (IF DIFFERENT) <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
CURRENT RESIDENCE - STREET, CITY/TOWN <b>161 LOOKOUT DR WASHOUGAL</b>		CURRENT RESIDENCE - STREET, CITY/TOWN <b>161 LOOKOUT DR WASHOUGAL</b>	
COUNTY OF RESIDENCE <b>SKAMANIA</b>	STATE OF RESIDENCE <b>WA</b>	COUNTY OF RESIDENCE <b>SKAMANIA</b>	STATE OF RESIDENCE <b>WA</b>
DATE OF BIRTH (MM/DD/YYYY) <b>2   16   1985</b>	BIRTH STATE (IF NOT USA, PROVIDE COUNTRY) <b>OR</b>	DATE OF BIRTH (MM/DD/YYYY) <b>6   4   1988</b>	BIRTH STATE (IF NOT USA, PROVIDE COUNTRY) <b>TX</b>
MOTHER/PARENT BIRTH NAME <b>ROBERTA COOKE</b>		MOTHER/PARENT BIRTH NAME <b>VALERIE WYNN GILMORE</b>	
FATHER/PARENT BIRTH NAME <b>CARY ALAN GLUESENKAMP</b>		FATHER/PARENT BIRTH NAME <b>JOSE EDUARDO PEREZ</b>	
MOTHER/PARENT BIRTH STATE (OR COUNTRY) <b>NJ</b>	FATHER/PARENT BIRTH STATE (OR COUNTRY) <b>KS</b>	MOTHER/PARENT BIRTH STATE (OR COUNTRY) <b>WA</b>	FATHER/PARENT BIRTH STATE (OR COUNTRY) <b>MEXICO</b>
<b>OFFICIANT</b>			
I certify that the undersigned, by authority of license issued by the County noted above did on this day join in lawful wedlock with their mutual consent in the presence of witnesses. in testimony whereof, witness our signatures:			
DATE OF MARRIAGE (MM/DD/YYYY) <b>10   01   2016</b>	COUNTY OF CEREMONY <b>Skamania</b>	TYPE OF CEREMONY (CHECK ONE) <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Civil	DATE SIGNED (MM/DD/YYYY) <b>10   01   2016</b>
OFFICIANT'S ADDRESS (STREET, CITY, STATE AND ZIP CODE) PLEASE PRINT <b>750 Parnassus Ave #5, San Francisco, California 94122</b>			OFFICIANT'S DAYTIME PHONE <b>832-754-9216</b>
OFFICIANT'S NAME (PRINT) <b>Philip Perez</b>		OFFICIANT'S SIGNATURE <b>X</b>	
WITNESS SIGNATURE <b>X</b>		WITNESS SIGNATURE <b>X</b>	
PERSON A SIGNATURE <b>X</b>		DATE SIGNED (MM/DD/YYYY) <b>10   01   2016</b>	
PERSON B SIGNATURE <b>X</b>		DATE SIGNED (MM/DD/YYYY) <b>10   01   2016</b>	

## Application and Affidavit for Marriage License (Applicant A)

Transaction # 55064

## State of WASHINGTON

## County of Skamania

I, the undersigned, do solemnly swear or affirm, that the information on this form is true: that I am eighteen years of age or older or qualify as designated below; I do not have any contagious sexually transmitted disease, or if so, the condition is known to the other applicant; that I am not related to the other applicant; and, further, that I do not currently have a spouse or a registered domestic partner other than the other party to this marriage. Marriage license is not valid for 3 days from date of application and is void if marriage is not solemnized in the State of Washington within sixty (60) days of issuance of license.

(Applicant A) Male ☒ Female ☐(Check One) Single ☒Widowed ☐Divorced ☐Under Control of Guardian ☐First Name Pear Middle Name (s) Alan Last Name Gilvesen KampBirth Date 02 16 1985 Age 31 Birth Place Portland, OR Phone # 501-521-9888Address Physical Present 161 Lookout Dr. County SkamaniaAddress Mailing Present PO Box 12 Bonnevile WA County SkamaniaAddress Past Six Months 4242 NE Alberta St. Portland, OR County MultnomahSignature [Signature]Deputy Auditor/Notary Public [Signature]Subscribed and sworn to before me on this 28<sup>th</sup> day of SEPTEMBER, 2016

## Application and Affidavit for Marriage License (Applicant B)

## State of WASHINGTON

## County of Skamania

I, the undersigned, do solemnly swear or affirm, that the information on this form is true: that I am eighteen years of age or older or qualify as designated below; I do not have any contagious sexually transmitted disease, or if so, the condition is known to the other applicant; that I am not related to the other applicant; and, further, that I do not currently have a spouse or a registered domestic partner other than the other party to this marriage. Marriage license is not valid for 3 days from date of application and is void if marriage is not solemnized in the State of Washington within sixty (60) days of issuance of license.

(Applicant B) Male ☐ Female ☒(Check One) Single ☒Widowed ☐Divorced ☐Under Control of Guardian ☐First Name Kristina Middle Name (s) Marie Last Name PerezBirth Date 6/4/88 Age 28 Birth Place Cypress, TX Phone # 360 818 1429Address Physical Present 161 Lookout Dr. County SkamaniaAddress Mailing Present PO Box 12 Bonnevile WA County "Address Past Six Months Same County "Signature [Signature]Deputy Auditor/Notary Public [Signature]Subscribed and sworn to before me on this 28<sup>th</sup> day of SEPTEMBER, 2016

## Parents' or Guardians' Consent

(Applicant A) Male / Female

I hereby certify that I am the Parent or Guardian of

who is 17 years of age and I give my full consent to his / her marriage to

(Applicant B) Male / Female

I hereby certify that I am the Parent or Guardian of

who is 17 years of age and I give my full consent to his / her marriage to

X

Signature Parent/Guardian of Applicant A

X

Signature Parent/Guardian of Applicant B

Subscribed and sworn to before me on \_\_\_\_ day of \_\_\_\_ of 20 \_\_\_\_.

Deputy Auditor / Notary Public